

Gradual Return To School Plan

Stage	Description	Activity Level	Criteria to Move to Next Stage
0	No Return, at Home	Day 1: Maintain low-level cognitive and physical activity. No prolonged concentration. Cognitive readiness challenge: As symptoms improve, try reading or math challenge task for 10-30 min; assess for symptom increase.	To Move to Stage 1: (1) Student can sustain concentration for 20 min before significant symptom exacerbation, AND (2) Symptoms reduce or disappear with cognitive rest breaks,* allowing return to activity.
1	Return to School, Partial Day (1-3 hours)	Attend 1-3 classes, with interspersed rest breaks. Minimal expectations for productivity. No tests or homework.	To Move to Stage 2: Student symptom status improving, able to tolerate 4-5 hours of activity with 2-3 cognitive rest breaks built into school day.
2	Full Day, Maximal Supports (maximal supports required throughout day)	Attend most classes, with 2-3 rest breaks (20-30 min), no tests. Minimal HW (≤ 60 min). Minimal-moderate expectations for productivity.	To Move to Stage 3: Number and severity of symptoms improving, needs only 1-2 cognitive rest breaks built into school day.
3	Return to Full Day, Moderate Supports (moderate supports provided in response to symptoms during day)	Attend all classes with 1-2 rest breaks (20-30 min); begin quizzes. Moderate HW (60-90 min) Moderate expectations for productivity. Design schedule for make-up work.	To Move To Stage 4: Continued symptom improvement, needs no more than 1 cognitive rest break per day
4	Return to Full Day, Minimal Supports (Monitoring final recovery)	Attend all classes with 0-1 rest breaks (20-30 min); begin modified tests (breaks, extra time). HW (90+ min) moderate—maximum expectations for productivity.	To Move to Stage 5: No active symptoms, no exertional effects across the full school day.
5	Full Return, No Supports Needed	Full class schedule, no rest breaks. Max. expectations for productivity. Begin to address makeup work.	N/A

* Cognitive rest break: a period during which the student refrains from academic or other cognitively demanding activities, including schoolwork, reading, TV/games, conversation. May involve a short nap or relaxation with eyes closed in a quiet setting.

Once child has returned to full class schedule with no symptoms, THEN start the Return To Play Plan

Gradual Return to Play Plan

1. No physical activity
 2. Low levels of physical activity with limited head rotation and no activities in crowded areas. This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
 3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine). Can walk on uneven terrain and in crowds and moderate head rotation.
 4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement). Full body movements including head rotation in all planes.
 5. Full contact in controlled practice including rapid head movements. *Need medical clearance by licensed healthcare provider to progress to step 5.*
 6. Full contact in game play.
- Progression to next stage can only occur if your child has NO symptoms at their current stage.**
Allow at least one day for each stage of Return To School and Return To Play Plans.
If your child has symptoms that persist longer than 10 days since his/her concussion, contact your PCM for an appointment the following day.

References:

Gioia, Gerard. Medical-School Partnership in Guiding Return to School Following Mild Traumatic Brain Injury in Youth. *Journal of Child Neurology*, Dec 2014: 4.
 Gerard Gioia and Mickey Collins. Acute Concussion Care Plan, http://www.cdc.gov/headsup/pdfs/providers/ace_care_plan_school_version_a.pdf